

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Stefan Rover, et al.	:	
		:	Art Unit: 2137
Serial No.:	09/530,334	:	
		:	Examiner: Nguyen, Minh Dieu T
Filed:	June 10, 2000	:	
		:	
For:	METHOD FOR DIGITAL SIGNING OF A MESSAGE	:	

**Mail Stop: RCE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**TRANSMITTAL**

1. Transmitted herewith is:
  - Request for Continued Examination (RCE Transmittal) (1 page)

**STATUS**

2. Applicant
  - ☐ claims small entity status.
  - ☒ is other than a small entity.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a)   X   Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<u>  X  </u> first month	\$ 120.00	\$ 60.00
<u>      </u> second month	\$ 450.00	\$ 225.00
<u>      </u> third month	\$ 1,020.00	\$ 510.00
<u>      </u> fourth month	\$1,590.00	\$ 795.00
<u>      </u> fifth month	\$2,160.00	\$1,080.00

Fee: \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

\_\_\_\_\_ An extension of \_\_\_\_\_ months has already been secured. The fee paid  
therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months  
of extension now requested.

Extension fee due with this request \$\_\_\_\_\_

OR

- (b) \_\_\_\_\_ Applicant believes that no extension of term is required. However, this  
conditional petition is being made to provide for the possibility that  
applicant has inadvertently overlooked the need for a petition for extension  
of time.

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
	MINUS		=	x \$25.00 = \$		x \$50.00 = \$
TOTAL INDEP.	MINUS		=	x \$100.00 = \$		x \$200.00 = \$
—	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+ \$180.00 = \$		+ \$360.00 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$ \_\_\_\_\_

### FEE PAYMENT


5. Attached is a check in the sum of \$ \_\_\_\_\_  
☒ Charge Deposit Account No. 01-2384 the sum of \$ 120.00.

### FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.  
 7. ☐ Other:

  
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